

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION Receive Date: 04/10/2019 Document Number: 402002451

Domestic Tap

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 34725 Contact Person: Matt Barnett
Company Name: GOSNEY & SONS INC Phone: (970) 884-9533
Address: P O BOX 367 Email: mattb@gosneyco.com
City: BAYFIELD State: CO Zip: 81122
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

DOMESTIC TAP

DOMESTIC TAP ASSOCIATED WELL LOCATION IDENTIFICATION

Location ID: 334029 Location Type: Well Site
Name: CONLEY-N32N6W Number: 24NENW
County: ARCHULETA
Qtr Qtr: NENW Section: 24 Township: 32N Range: 6W Meridian: N
Latitude: 37.007900 Longitude: -107.453610

DOMESTIC TAP FACILITY INFORMATION

Flowline Facility ID: Flowline Facility Type: Domestic Action Type: Registration

DOMESTIC TAP REGISTRATION

Installation or Date of Discovery: 10/01/2012
Flowline Start Point Riser
Latitude: 37.007700 Longitude: -107.453200 PDOP: Measurement Date: 03/15/2019
Tap Source: Flowline
Street Address of Point of Delivery
Address: 450 County Road 975
City: Arboles State: CO Zip: 81121
Latitude: Longitude: PDOP: Measurement Date:

OPERATOR COMMENTS AND SUBMITTAL

Comments

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/10/2019 Email: mattb@gosneyco.com

Print Name: Matt Barnett Title: General Mgr

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
---------------------------	--------------------

--	--

Total Attach: 0 Files